

CC: JAO + FWR

UNITED STATES DISTRICT COURT

FILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

for the

District of

JUL 18 2025

ln

NATALIE ELAINE CALAWAY

ATTORNEY - IN - FACT

FOR THE INJURED PRIVATE CITIZEN,

Division

at 3 o'clock and 50 min. p M
Lucy H. Carrillo, Clerk

Case No. CV 25 00303

RT

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

ALLstate Insurance company;
GAMALIEL AARON VEGA, claim Specialist

SAMANTHA STORM, ESQ., legal counsel,

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

complaint,
exhibit A, Proposed summons

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Natalie Elaine Calaway

Street Address

GENERAL DELIVERY

City and County

Waiānae

State and Zip Code

Hawaii [96792]

Telephone Number

E-mail Address

DIVINFINITY000@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

ALLstate INSURANCE COMPANY

CORPORATION (INSURANCE PROVIDER)

1770 AMERICAN HERITAGE LIFE DR.

JACKSONVILLE, FLORIDA 32224 (Duval)

FLORIDA 32224

Defendant No. 2

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

GAMALIEL AARON VEGA (claim specialist)

CLAIMS ADJUSTER For Allstate

1770 AMERICAN HERITAGE LIFE DR.

JACKSONVILLE, DUVAL

FLORIDA 32224

Defendant No. 3

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

SAMANTHA STORM, Esq (DEFENSE COUNSEL)

LEGAL COUNSEL For allstate

1003 BISHOP STREET, STE. 129A

HONOLULU, HAWAII 96813

HAWAII, 96813

Defendant No. 4

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. 42 U.S.C. § 12101 et seq (Americans with Disabilities Act)

- 42 U.S.C. § 1983 (CIVIL RIGHTS VIOLATIONS)
- FAIR CLAIMS SETTLEMENT PRACTICES UNDER FEDERAL TRADE COMMISSION AUTHORITY.
- VIOLATION OF UCC 3-505, 1-306 PROTECTIONS AND ADMINISTRATIVE DUE PROCESS.
- FEDERAL NOTICE AND DUE PROCESS CLAUSES (5th and 14th Amendments)

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) _____, is a citizen of the State of (name) _____.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

The amount in controversy exceeds \$75,000 due to substantial financial injury, emotional distress, discrimination, denial of due process, ADA violations, and damages stemming from Allstate insurance company's bad faith denial and delay of an active insurance claim. The plaintiff's family has suffered housing instability, service animal deterioration and loss of basic needs access. This directly results in monetary and emotional harm well beyond the minimum federal threshold.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

The defendants: Failed to process, evaluate, and settle a legitimate injury claim in good faith. Violated the plaintiff's ADA rights by discriminating against her and her minor child (both ADA covered), by failing to accommodate communication needs, processing delays, and willful disregard of disability-related hardship. Intentionally withhold communication and refused meaningful responses to valid conditional acceptances, Affidavit of Injury, subsequent notices, constituting dishonest and commercial default. Contributed to housing displacement, service animal endangerment, and financial collapse through refusal to provide lawful settlement despite full supporting document. Each defendant acted individually and in concert under color of law, agency, or private authority to obstruct remedy, avoid liability and suppress a claim already qualified for settlement.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Compensatory damages of \$252,550.00 for emotional distress, discrimination, and loss of access to housing, transportation, service animal care, and basic living needs. Injunctive relief to prohibit further denial or delay of the lawful insurance claim and to compel Allstate to issue payment without delay. Punitive damages due to Allstate's pattern of bad faith, willful dishonesty, and harm caused under color of agency. Emergency hardship relief including provisional monetary relief while litigation is pending, to prevent eviction/displacement, allow medical and veterinary care, and secure transportation for ADA covered family members.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: July 2025
 Signature of Plaintiff [Signature] 1/1 Natalie Elaine Calaway,
 Attorney-in-Fact For the injured
 Private Citizen
 Printed Name of Plaintiff Natalie Elaine Calaway, Authorized Agent

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____